

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021709

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 356Primary Registration District No. 4511Registrar's No. 45

FILED MAY 31 1962

VS 300  
Rev. 4/591 1070  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Texas Co. Mem. Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> c. CITY OR TOWN <u>Rolla</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>704 Salem Avenue</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>EDWARD</u> Last <u>ROSS</u>		4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/8/23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Businessman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking Co.</u>	11. BIRTHPLACE (City and state or country) <u>Eminence, Missouri</u>
13a. FATHER'S NAME <u>Albert Roy Ross</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>		17. INFORMANT Address <u>Mrs. Nadine Ross Rolla, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture, aneurysm Soft ventricles of Heart (cause of aneurysm unknown)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>6 mos to 1 yr.</u> DUE TO (c) <u>^</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>2</u> a.m. <u>0</u> p.m. Month, Day, Year <u>April 2 1961</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>308 West 9th Rolla Mo</u>	
20f. CITY, TOWN, OR LOCATION <u>Rolla</u>		COUNTY <u>Phelps</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>April 2 1961</u> to <u>May 20, 1962</u> and last saw him alive on <u>May 18, 1962</u> Death occurred at <u>2</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>W. C. Underwood M.D.</u>	
22b. ADDRESS <u>308 West 9th Rolla Mo</u>		22c. DATE SIGNED <u>5-21-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 23, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Summersville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Summersville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Null &amp; Son Funeral Home</u> By <u>Paul E. Null</u> Rolla		25. DATE RECD. BY LOCAL REG. <u>May 22 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

7961 JUN 1 1962

JUN 28 1962

JUN 30 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Paul E. Null*

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.